

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 661

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jessie Savoy

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bullock's Mill.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

104 Murray St.

Cause of Death, { First (Primary),

Second (Immediate), Hemorrhage of Umbilical Cord

Duration of Last Sickness,

10 hours —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1887

J. Morris

M. D.

Undertaker, William Dugay

Medical Attendant.

Place of Business, 150 East St.

Address, 1209 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1105

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.
Permit No. A 662 Office of Registration of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, *within twenty-four hours*, after the death of said deceased, or sooner requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick Gregory.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~thirteen~~ Years, Thirteen Months, and ten days Day

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

202 Garrett St.

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Cephalic effusion. }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Rose

Date of Burial, June 27th 1887

{ Undertaker, John J. Marcher

{ Place of Business, Camden Paca

Address, 218 N Liberty St.

Y. D. Stoen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 663 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, June 27th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Richter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 521 Conway St.

Cause of Death, First (Primary),

Second (Immediate),

Malaria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Neston Cemetery

Date of Burial, June 28th 1887

Undertaker, Wm. T. Kershaw

Place of Business, 221 Eutaw St.

Joe. Oliver M. D.
Medical Attendant.
16th Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 164**

Office of Registrar of Vital Statistics.

Ward **11^a**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 26.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **James Curbs**

Sex, Male or Female, { Cross out the word not required in this line. } **M**

Age, **5** Years, **5** Months, **7** Days.

Color, **ed**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **✓**

Occupation, **Baldo.**

Birth Place, { State or country, and how long in the United States, } **Baldo.**

Duration of Residence in the City of Baltimore, **George Al**

Place of Death, { Give Street and Number. } **703 George Al**

Cause of Death, { First (Primary), Second (Immediate), } **Leptospiris**

Duration of Last Sickness, **Elkanahon**

All the above information should be furnished by the Physician.

Place of Burial, **Laurel Cemetery**

Date of Burial, **June 27 1887**

{ Undertaker, **Alex Kennedy**

{ Place of Business, **St. John's Church St.**

Address, **601 Franklin**

J. R. Glennon M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department Baltimore.

Permit No. A 665

Office of Registration and Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~in every case~~ ^{as soon as} after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Josephine A. Graff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House Wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } new 1416 Philpot

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 27 1887

Undertaker, H. Lander & Son

Place of Business, 170 Canton Rd

H. E. Cooke M. D.

Medical Attendant.

Address, 1519 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of the City of Baltimore.

Permit No. A 666 Office of Registration of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Moenken

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 12 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 1301 Garrett Ave. L. D.

Cause of Death, { First (Primary), Meningitis
Second (Immediate), Nasotracheal

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 28th 1882

Undertaker, H. L. Sanders & Son

Place of Business, 1710 Carlton St. Address, 418 S. Paca St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 667

Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26. 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cornelius Dwyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 6 Months Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

6 mo.

Place of Death, { Give Street and Number. }

937 Jordan Al.

Cause of Death, { First (Primary),

Inflammation

Second (Immediate),

Duration of Last Sickness,

Several weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 27. 87.

Undertaker,

Alex. Henratty

Place of Business,

561 Orchard St.

J. J. Raborg

M. D.

Medical Attendant.

Address, 414 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1168

Office of Registrar of Vital Statistics.

Ward 115

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death,

June 26

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannie Hartzs. -

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 83

Years,

Months,

0

Days.

Color,

white

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

45 years.

Place of Death, { Give Street and Number. }

9290 old no. Penna Ave

Diarrhoea.

Cause of Death, { First (Primary),

Exhaustion.

Second (Immediate),

Duration of Last Sickness,

7 days.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

P. Rucker,

M. D.

Date of Burial, Jun 27

{ Undertaker, Andrew Rolde

Medical Attendant.

{ Place of Business, 730 Penna Ave Address, Penna Ave & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A.

669 Office of Registrar of Vital Statistics.

Ward 11^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26^E 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Waters

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3 Months,

Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

55 Union St.

Cause of Death, { First (Primary),

Inanition

Second (Immediate), Exhaustion

Duration of Last Sickness, Some weeks (I would suppose. Do you want it once the day before its death?)

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 27¹⁸⁸⁷

{ Undertaker, Geo. E. Brown

{ Place of Business, Health Office

J. F. Lockwood M. D.

Medical Attendant.

Address, Park Ave & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the fact that it is now required by law that all deaths occurring within the City of Baltimore shall be registered.

Health Department of Baltimore.

Permit No. A 670 Office of Registrar of Vital Statistics. Ward 20²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th June 1889

Full Name of Deceased, { Write legibly and spell correctly, if an Infant not named, give names of parents. } Astor Charlotte Fountain

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 Years, 7 Months, 3 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1036 Pennsylvania Avenue

Cause of Death, { First (Primary), Chorea Infantum
Second (Immediate), Convulsions }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jun 27

{ Undertaker, Andrew Rhode }

{ Place of Business, 930 Penna Ave Address, 3 E Head St. }

A. J. Bell M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OTRS.]